		OMB NO 0020 0102
	1. TRANSMITTAL NUMBER:	OMB NO. 0938-0193 2. STATE
STATE PLAN MATERIAL	13-009	Montana
FOR: HEALTH CARE FINANCING ADMINISTRATION	3. PROGRAM IDENTIFICATION: Ti Social Security Act (Medicaid)	tle XIX of the
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE	and And the second secon
HEALTH CARE FINANCING ADMINISTRATION	7/1/2013	
DEPARTMENT OF HEALTH AND HUMAN SERVICES		
5. TYPE OF PLAN MATERIAL (Check One):		A CONTRACTOR OF THE RESIDENCE AND A CONTRACTOR OF THE PARTY OF THE PAR
☐ NEW STATE PLAN ☐ AMENDMENT TO BE CO	INSIDERED AS NEW PLAN	X AMENDMENT
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMEND		h amendment)
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT:	
42 CRF Parts 431, 440, and 441	a. FFY 2013 (three months) \$1,750,490	
CMS 2237-IFC		166,871
		508,521
Attachment 4.19B Service 19c Targeted Case Management for Adults with Severe Disabling Mental	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Supplement 1C to Attachment 4.19B Service 19c Targeted Case Management for Adults with Severe Disabling	
	Mental Illness (SDMI)	
10. SUBJECT OF AMENDMENT: Increase the rate approximately 2% and update the date of the fee schedule	on the Attachment 4.19B Introduction	ı Page.
10. SUBJECT OF AMENDMENT: Increase the rate approximately 2% and update the date of the fee schedule 11. GOVERNOR'S REVIEW (Check One): GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	X OTHER, AS SPECIFIED: Single Agency Director Revi	
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